

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-031017

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4053

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1

23638

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9154X

10

11

1276-0

13

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH AUG 28 1962

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)

Kansas City

Length of stay in 1b

50 Years

c. FULL NAME OF (If NOT in hospital, give location)

Veterans Administration  
Hospital

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Jackson

c. CITY

OR

TOWN Kansas City

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

(If outside, give location)

4516 Tracy

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

Mr. Hilding A. Gregory

4. DATE

Month

Day

Year

OF

DEATH

August 4th, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

9/30/89

9. AGE (last birthday)

71 Years

IF UNDER 1 YEAR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done

during most of working life, even if retired)

Food Salesman

10b. KIND OF BUSINESS OR INDUSTRY

Anderson Food  
Co

11. BIRTHPLACE (City and state or country)

Lawrence, Kansas

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Lewis Gregory

13b. MOTHER'S MAIDEN NAME

Anna M. Youngbeck

14. NAME OF HUSBAND OR WIFE

Elta Gregory

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

Yes

W. W. I

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Elta Gregory. 4516 Tracy

18. CAUSE OF DEATH (Enter only one cause per line for

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Bronchopneumonia

DUE TO (b)

Carcinoma Rectum E with Metastasis to  
Liver. Lung. and Serosal Surfaces

DUE TO (c)

Obstructive Jaundice &amp; Cholemic Nephrosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY

PERFORMED?  
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF

Hour

Month, Day, Year

INJURY

a.m.

p.m.

20d. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,

farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. attended the deceased from July 17, 1962

to Aug. 4, 1962 and last day of life on

Death occurred at

4:30 P

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Stephen Paul Hurd

22b. ADDRESS

Kansas City, Mo.

Veterans Adm. Hospital

22c. DATE SIGNED

8-5-62

23a. BURIAL, CREMATION,

REMOVAL (Specify)

Burial

23b. DATE

Aug. 7, 1962

23c. NAME OF CEMETERY OR CREMATORY

Floral Hills Cemetery, Kansas City, Missouri

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

D. W. NEWCOMER'S SONS

ADDRESS

1331 Brush Creek Blvd.

25. DATE RECD. BY LOCAL REG.

8-7-62

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR  
TYPEWRITER RIBBON

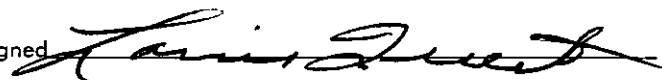
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed



Licensed Embalmer No. 4096

P. O. Address H.C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.